



908 Sir Francis Ave Capitola, CA 95010 • 831-475-1765 phone/fax  
info@ambimedinc.com • www.ambimedinc.com

## PARTNER APPLICATION

Fill out application and return via email or fax.

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company Profile:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your company classified as?     Wholesaler             Dealer/Distributor             Retail Chain

Established date: \_\_\_\_\_ Working capital: (US\$) \_\_\_\_\_

Turn-over last year: (US\$) \_\_\_\_\_

Banking information: \_\_\_\_\_ (institution)

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Account No: \_\_\_\_\_ Fax: \_\_\_\_\_

Banking information: \_\_\_\_\_ (institution)

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Account No: \_\_\_\_\_ Fax: \_\_\_\_\_

Professional References: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Professional References: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Company Operations:    Number of employees: \_\_\_\_\_    Number of sales reps: \_\_\_\_\_

   Number of branches: \_\_\_\_\_    Indirect distributors: \_\_\_\_\_

Chief merchandise distributed: \_\_\_\_\_

\_\_\_\_\_



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**PARTNER APPLICATION, continued**

Product lines handled (indicate name of manufacturer and if on an exclusive basis):

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Products manufactured:

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Which markets are you currently selling to? (check all that apply)

- Hospital
- Pharmacy
- Private Clinic/Doctors
- Home Care
- Dealer/Distributor
- Consumer
- Wholesale
- Other: \_\_\_\_\_

Additional (other): \_\_\_\_\_  
\_\_\_\_\_

Distribution:

Which channels of distribution does your company use?

- Your own salesforce
  - Direct sales to enduser
  - Sales to (sub) distributors who resell to enduser
- (please explain) \_\_\_\_\_

Do you currently sell a glucose meter?  Yes  No  
(if yes, explain) \_\_\_\_\_

Do you currently sell, or in the past have you sold diabetes products?  Yes  No  
(if yes, explain) \_\_\_\_\_

Which AMBIMEDINC products do you plan to sell? (check all that apply)

- auto-Lancet
- EZ-Lance
- Inject-Ease
- EZ-Lets
- Glucose Meter

Tradeshows, Conferences, and Fairs in which you participate:

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What type of advertising do you plan to do (and amount US\$ allocated):

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Additional information we should know about your company:

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AMBI-GEN-600-0002-A